V. S. No. 1

			F MAR	YLAND-	CERTIFICATE	OF DEATH	60	28
	L. PLACE OF DEA				942			
County Caroline Village or City Friendship,					Registration Dist. I	Vo. 64		
				(If	NoNo	ution, give its NAME instea	d of street and numb	Ward er)
2	2. FULL NAME.	Henry W	. Boev	ers, Md.R.F.D.	If U. S. Veteran, St.,Ward.			
	PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL C	ERTIFICATE OF	DEATH	
3.	44 -	r or race s	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH	June 28"	, 193 Oay)	6
5a.	If married, widowed, or divo HUSBANO of (or) WIFE of MY	rced 's Lola F	Boevers	3.	22. Left 20	CERTIFY III	117.	esed from
6.	DATE OF BIRTH (month, day	, end yaer) D	ecembe	r 10"1866	I last saw h / / A _ alive on	June 2	5 19 5 de	oth is said
	AGE Years	Months	Oays	If LESS than	to have occurred on the data state	above, at 6, 3017	a.	
	69	6	18	l day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and ralated causes of in	1	
LION	8. Trade, profession, or pe kind of work done, SAWYER, BOOKKEE	erticular as SPINNER, PER, etc	Farmer		Corner	Heren b.	20 6	le of onset
OCCUPATION	9. Industry or businass in work was done, as S SAW MILL, BANK, e	SILK MILL, etc				*****************	7	
Ö	10. Oate deceased last wor this occupetion (more year)	ked at nth and 1935	11. Total ti spe occu	ima (years) nt in this L1fe		A		
12.	. BIRTHPLACE (city or town)				Other Contributory Causes of jung	cous,	6	1/20/5
	(State or country)	G	ermany		Claratic in	mondeles	/	220
ER	13. NAME		No dat	a	1 0	7	-	1
FATHER	I4, BIRTHPLACE (city or to (State or country)	wn)			Name of oparetion	House Su	Data of	110
ER	15. MAIDEN NAME		No dat	a	23. If death was dua to external cer	HORO AUGU ENCE SIL IS OLD		SAILKING
MOTHER	16. BIRTHPLACE (city or to (State or country)	wn)			Accident, suicide, or homicida?	/// //	injury	19
17.	INFORMANT Mr (Addrass) Fede	s Henry	W. Boe	vers,	Spacify whathar Injury occurred in	(Specify city or town, on INOUSTRY, in HOME, or	county and State) In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR R	EMOVAL			Manner of Injury			
19.	UNOERTAKER J.J. (Address) Fede	Framptoralsburg	m & So	n.	24. Was disaase or injury in any			
20.	FILEDJune 29",	9.36 5.5	Fran	n Florn Registrar.	(Signad) Mull (Addrass)	lerdo lan	g suf	M. D.
		If more bla	inks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Re	equesting V. S. No. 1.	17	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years for over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis WY 6 1996	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	i i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	infor-	state	CUPA-	
	tem of	should	of OC	-
	D. Every i	SICIANS	tatement	
	I RECE	Y. PHY	Exact s	
	N. BWRITE PLALTY, WITH UNFADING INK-THIS IS A PERMANENT RECECT. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
	HIS	pe	pe	Jo
	I.I.—X	plnor	may	back
	Z	Es	ıt it	on
	NG	AG	the	ions
	ADI	d.	3, 50	ruct
-	INF	pplie	erms	inst
	H	ns /	ain t	See
	WIT	fully	n pl	nt.
-	, , ,	care	l'H i	orta
Į	Ž	be	EAT	imp
	PLA	plno	F D	rery
	TE	n sh	SE O	is
	WRI	ation	AUS	NOI
	B	m	0	I
	ż			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	59 6029
County Caroline	Registration Dist. No. 64
Village or City Federalsburg	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 7 yrs 8 mos.	death occurred in a hospital or institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Benjamin B. Cohee,	If U. S. Veteran, specify WAR
	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prize the word)   Married	June 25 11 193.6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Lee Cohee	22. I HEREBY CERTIFY. That I attended deceased from 6/23 136 to 6/25 1956
6. DATE OF BIRTH (month, day, and year) Dec. 18" 1874	I last saw h was alive on 6/25 19 36 : deeth is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the dete stated above, et IQ-45-nP. M.
6I 6 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Retired Rural  9. Industry or business in which work was done, as SILK MILL, Mail Carrier, SAW MILL, BANK, etc	agete l'ancrealité 6/23/36
12. BIRTHPLACE (city or town) Caroline Co. (State or country) Md.	Other Contributory Causes of Importance:  Acapetas Mullius May 193
13. NAME George W. Cohee,  14. BIRTHPLACE (city or town) Caroline Co. (State or country) Md.	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Laura Ann Maloney  16. BIRTHPLACE (city or town) Caroline Co.  (State or country) Md.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. Informant Mrs. Benjamin B. Cohee, (Address) Federalsburg, Md.  18. BURIAL, CREMATION, OR REMOVAL Place Concord, Md. Date June 28", 19-36.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Natura of Injury
19. UNDERTAKER J. J. Framptom & Son. (Address) Federalsburg, Md. 20. FILED June 27, 1936 J. J. Framptom, Registrar.	24. Was disease or injury In any wey related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ti	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JUL 6 1936	1921	Run over by street car	1 week ago	
Cerebral homorrhage SUREAU V. S.	July 5,1927	Perilonitis .	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		• • • • • • • • • • • • • • • • • • • •		

S. No. 1

CERTIFICATE OF DEATH Registration Dist. No.
St.: Ward)  (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 192 6, to 6 2 3 , 192 6, that I last snw h analive on 2 3 , 192 6,
The CAUSE OF DEATH * was as follows:  Primary Cause ? Chronic more addition  (Duration) yrs. mos. de.
(Signed)
At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  MY COMMUNITY GOND 1934  20 UNDERTAKER  William A. Berry fr. Miffarel Del
Ao Vif Fu

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemund, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Atischool, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive-a en at home, who are engaged in the duties of the er," etc., (a) Foreman, should be used only when there. As amples: (a) Civil engineer, Physician, Compositor, Architect, Locomotive engineer, For many occupations a or At Home, and children, not gainfully exhespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material single word or term on (6) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISTERS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Dability" ("Congenital" "Sanie," eta.), "Dropays" ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tubcrculosis of lungs, men-American Mcdical Association.) approved by Committee on is fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train dr as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly secident; Revolver wound of head-homicide; Poisoned by Recommendations on statement of cause of danus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic Example: Measles (disease etc. affection need valvular heart disease; Nomenclature The contributory "Convulsions, not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

TION is very important. See instructions on back of certificate.

15,1936

County Caroline	Registration Dist. No. 64
Length of residence in city or town where death occurred 30 yrs mos  2. FULL NAME Margaret Addie Davis,	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. Federalsburg, Md.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	June I4", 193 6 (Month) (Day) (Year)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and yeer)  AGE  Years  Months  Oeys  If LESS than I day,hrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and yeer)	I last sawh alive on
13. NAME Joseph T. Davis,  14. BIRTHPLACE (city or town) Dorchester Co.  (State or country) Md.	Name of operation Oate of Was there an autopsy?
15. MAIOEN NAME Annie Williams, 16. BIRTHPLACE (city or town) Sussex Co. (State or country) Del. 7. INFORMANT Miss Myra W. Davis.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) Federalsburg, Md.  Burial, CREMATION, OR REMOVAL Place Bethel, Md. Date June 16", 19 36	Manage of Jajury
9. UNDERTAKER J.T. Framptom & Son. (Address) Federal sburg. Md.	24. Was disease or injury in any way related to occupation of deceased? Us

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

cmol

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 11 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(BI) 6032
County Caroline	Registration Dist. No. 6/
Village or City Greensboro	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William G.Gould	the state of the s
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MATTION	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5e. If married, widowed, or divorcad HUSBAND of (or) WIFE of Elizebeth Gould	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 6. 1864	Past saw h Man aliva on Jacca 18
7. AGE Yaars Months Days If LESS than	To have occurred on the data stated above, at 7. Cm.
64 7 8 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importence were as follows:
be Trade, profassion, or particular kind of work dona, as SPINNER, Laboror	
9 Industry or hyginess in which	14 fg
work was done, as SILK MILL,  SAW MILL, BANK, etc	To beging.
10. Data decaasad last worked at this occupation (month and year)  10. Data decaasad last worked at this occupation (month and year)  11. Data decaasad last worked at this occupation (month and year)  12. Data decaasad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Canes of importance:
(State or country) - Md.	Chimie Pathille
13. NAME Charles Gould  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of What tast confirmed diagnosis? Westere an autopsy?
15. MAIDEN NAME Louisa Scribner	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Elizebeth Gould (Addrass) Goldsboro, Md.	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
f8. Burial, CREMATION, OR REMOVAL Place Union Cemetery Data June 16.36	Manner of injury
19. UNDERTAKER R. B. Rawlings (Addiass) Greensboro. Md.	24. Was disease or mjury in any way related to occupation of decaasad?  If so, spacify
20. FILED Level 14, 036 L. Mar Pypino Registrar.	(Signad) les traffe Joseph D. D. (Address) present the May and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimole, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Chronic interstitial nephritis  Cerebral hemorrhage  Other contributory causes of importance:  Example II  The principal cause of death and related of importance were as follows:  Attack of epilepsy  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:	d causes Date of onset
Cerebral hemorrhage July 5,1927 Peritonitis	1 week ago
Cereoral hemorrhage July 5,1927 Perionius	1 week ago
Other contributery causes of importance	3 days ago
Gallstones May 1,1923 Gastroenteritis	: 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
------------	-------	-----	---------	------------	---------------	-----------

	-
BINDING	S IS A PERMANENT R
K	N
7	SI
RESERVED FOR BINDIN	INK-THIS
	OING
15	FAI
MARGIL	NO
9	TITH UNFADING

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

certificate.

Jo

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

N. B.—WRITE PLAINL

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	^	0
6	6	0	0

1. PLACE OF DEATH	4		
county Caroline	13 1 8700	Registration D	Dist. No. 64
Village or City R. D. Federa  Langth of residence In city or town where death or	Q (If	No.  death occurred in a hospital or institution, give its NAME  death occurred. How long in U.S. If of foreign birth?	St.,Ward instead of street and number)
2. FULL NAME Paul Groo	00-14		
(a) Residence: No. Still P	Usual place of abode)		ive city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE	
	NGLE, MARRIED, WIDOWEO, R DIYORCEO (write the word)	21. DATE OF DEATH	24 ,1936
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		(/	(, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 6 - 2 7. AGE Years Months	y - 3 6  Days If LESS than I day,hrs.	to have occurred on the date stated ebove, at	4, 19.36; death is said
8 Trada profession or particular	I ormin.	ware as follows:  5 tilllory	Oate of oneat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	11. Total tima (yaers)		
12. BIRTHPLACE (city or town) R D, Fada (State or country)	spant in this occupation.  ralsburg	Other Coatribatory Causes of importance:	labor (18 1 preour lion
HE 13. NAME John Hadric  14. BIRTHPLACE (city or town) And Go (State or country)	nt lenow	Name of operetion	
15. MAIDEN NAME DA HELE  16. BIRTHPLACE (city or town) Russia  (Stete or country)  17. INFORMANT PLACE  18. MAIDEN NAME DA HELE  19. MAIDEN NAME D	a vit	23. If deeth was due to external causas (VIOLENCE) fill Accident, suicide, or homicide?	In also the following: late of injury, 19
(Address) Flederall  18. BURIAL, CREMATION, OR REMOVAL Place Sloomers, Md. Date	June 25: 1936	Mannar of injury	
19. UNDERTAKER Q. W. Oda (Addrass) R. D. Fldoral	slong mil	24. Was disaese or Injury In any wey ralated to occupat	lion of decaased?
20. FILED lug 13, 1936 5.5.	Fram plan.	(Signed) Bridge	ille, Del M.O.
15 more planks	are neeuea, aaaress State Kegistrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1	f.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 5	July 5 1927	Peritonitis	3 days ago
BURBAU V	.5.		
Other contributory causes of importance:	read manager day	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	6033
1. PLACE OF DEATH ,	950	,
County aresimp	Registration Dist. No Ł	) 6
Village Dr City Andyely	NoSt.	,Ward
	f death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Sugare A. Heury	,	
(a) Residence: No. Reddely Trid of	St., Ward.	
(Usual place of abode)	If nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
S. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Temail 19 Widoud	(Month) (Day)	(Year)
ia. If married, widowed, or divorced HUSBAND of	22. A LHEREBY CERTIFY, That Latter	nded deceased from
(or) WIFE of	22.   HEREBY GERTIFY, That I atter	19 19
1947. Unknown	Bast saw h. e. T. alive on June //9 19	36 death is said
5. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	, 4641110 3414
Q (1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
O 7	were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1.1.1	
9. Industry or business in which	Jamesary	
CAW MILL BANK oto	Total Cloursie	Mana
10. Date deceased last worked at this occupation (month and spent in this.)	The same of the	1400
this occupation (month and 930 spent in this year) and 1, 1930 occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Other Coast of Importance.	
(State or country)	-	,
13. NAME aron Heavy 1  14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation Date	of a
(State or country)	What test confirmed diagnosis? Elaunahan Was there	e an autopsy? MO.
15. MAIDEN NAME Harrier Detow.	23. If death was due to external causes (VIOLENCE) fill in also the foll	owing:
15. MAIDEN NAME Harried Det ow.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
E (State or country)	Where did injury occur?	
17. INFORMANT John Heury.	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) IC PLACE.
(Address) / Relate met		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Hear Confidence Date Jule 24, 1956	Nature of injury	
19. UNDERTAKER P. B. Rawlings,	24. Was disease or injury In any way related to occupation of deceased	1? 200
(Address) Lucies but med.	If so, specify	Α
20. FILEDELINE 23, 1936 Davis	(Signed)	/M. [
20. FILEDILLING LOZ., 1936. Registrar.	(Address) And yaling	MIK
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. Sl No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	الصحصا			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0 6034
County Casolul	Registration Dist. No. 62
Village or City Llutar and	NoSt., Ward
(I	f death occurred in a hospital or institution, give its NAME instead of street and number)  seds. How long in U.S. if of foreign birth?yrsmosds.
11. 011 457/11	
2. FULL NAME Januar Smill Hill	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Store (Bay)  (Year)
5e. If married, widowed, or divorced HUSBAND of Cor) WIFE of Cor WIFE of Cor)	22. HEREBY CERTIFY That I attended deceased from 1936, to Level 8, 1936
6. DATE OF BIRTH (month, day, and year) 7 cb 22 /8 6/	I lest saw h win alive on free 17, 19.36 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
75 4 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:  Date of onset
8. Trede, proféssion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	11
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Ground Stear Hiscory
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Hillal egazulation
11. Total time (years) spent in this occupation (month and year) 12. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Chulous	Other Contributory Causes of importance:
(State or country)	
13. NAME Chus E. Hillard -	
13. NAME (Mus E, Hillard -	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME / Leghton Done	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT / MAS / Multan & Mydsuw (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Churchy Cours Date June 21, 136	Manner of injury
19. UNDERTAKER Ellis Clork (Address)	24. Was disease or injury in any way related to occupation of deceased?
0. FILED 6-18, 1936 h. Al Yung Registrar.	(Signed) felkeret Miller and M. D.  (Address) Aluthy and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis, 1 % 69	1 year
· ,		JUN 22 MUL	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS TY CHYSICIAN	

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

of infor-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			93-0
County Caroline			Registration Dist. No. 64
Village or City Feder			No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Angeli			If U. S. Veteran, specify WAR
	ralsburg		St., Ward.
(a) Residence: No. FEGE	(Usual place	of abode)	If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) ngle	June 2nd , 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from  March 3 1936 to June 2 193
6. DATE OF BIRTH (month, day, and year)	Sept I2"	1841	I last saw h @ )' alive on June 12 ,19 3 6; death is said
7. AGE Years Months	Days	If LESS than	to heve occurred on the date stated bove, at
94   8	50	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	36 spe	ime (years) ent in this upation <u>L.1-f</u> +	Other Coatributory Canoes of importance:
12. BIRTHPLACE (city or town) DO (State or country)	rchester		acute Palmonary Edera Jan 2, 19
Thomas	Hubbert		
(State or country)	Dorchest	er Co.	Name of operation
	Maria Co		23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.			Accident, suicide, or homicide?
Ollie Hubbert, (Address) Federalsburg, Md.			Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, Md. Date June 4", 19.36			Menner of injury
19. UNDERTAKER J.J. Framptom & Son.  (Address) Federal sburg, Md.  20. FILED June 3 <sup>rd</sup> , 1936 5.5. Fram Stom.  Resistrat.		d. Ot	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis EIVED	1915	Attack of epilepsy	1 wcck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUL 6 1936	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	*	

FOR BINDING

MARGIN RESERVED

V. S. Mo. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	6036
County Caroline	Registration Dist. No. 19 1
Village or City flederalcher ma	L NoSt.,Ward
Length of residence In city or town where death occurred by yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME (A) Day Rom	
	St. Ward.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male a a Mudawer	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
Tull James	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) about 1853	I last saw h alive on Dick mot Dee Sody, 19; death is said
7. AGE Yeers Months Days If LESS than 1 day. hrs.	to have occurred on the date stated above, at 15.0.0 R.m.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Daniel a
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and this programming from the programming	and I see Involving fury
SAW MILL, BANK, etc.	attebrat himwinage, cristiff
10. Date deceased lest worked at this occupation (month and year) 12. Total time (years) spant in this occupation (occupation)	Duration of Jonaly is 18 months.
7 20 .00-	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) The Charles (State or country)	
13. NAME Charles Corneil	
13. NAME Charles Cornesh  14. BIRTHPLACE (city or town) freshereille	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAMELLEGA Johnson  16. BIRTHPLACE (city or town) Austhalia (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) A sollowelle	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Gelle Clambar (Address) Fieder alalysis and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hillsalsberg 7: Date June 23, 1936	Nature of injury
19. UNDERTAKER James to Stewart	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Salesley nd	If so, specify
20 FILED June 20, 1936 5 5 Tram Ston	(Signed) S. S. Fram ptom. Registrar
Registrar.	(Address) Esderals Rung, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

.4	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUL 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	Lawrence of the law of			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. of OCCUPA.

of infor-

1. PLACE OF DEATH				CERTIFICATE OF DEATH	9 (7 (9 (
County Caroline				Registration Dist. No. 46	
- 4	lgely				
Langth of residence in situ			(16	NoSt.,  death occurred in a horpital or institution, give its NAME instead of street an  ds. How long In U.S. if of foreign birth?yrs	d number)
			yrs,mos	now long in 0.5, it of foreign bitth?yrs	.mos0:
2. FULL NAME [] (a) Residence: No.		Lane (Usualpac	MA	St., Ward.	
				If nonresident give city or town a	nd State
PERSONAL AND			RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
Male Whit			ED (write the word)	Grue, 16	193 €
. If married, widowed, or divorced	1			(Month) (Day)	(Year)
HUSBAND of	h E L	ane		22. I HEREBY CERTIFY, That I attended	ed daceased from
			26-	, to, to	
DATE OF BIRTH (month, day, ar AGE Yaars	Months	ug 23.1	If LESS than	I last saw h alive on 19 19	; death is sal
74	10	25	1 day,hrs.	to have occurred on the date stated above, at/	
8. Trade, profassion, or partic	ular		ormin.	wara as follows:	Date of onsei
kind of work done, as SAWYER, BOOKKEEPER	SPINNER, C	arpente	r	Plateurel 1	
9. Industry or businass in wh work was done, as SILF SAW MILL, BANK, etc	nich K MILL,	Lif	20	Blencho Journous	4 day
10. Date decassed last worked	at .	11. Total	tima (years)		
this occupation (month-	5 <sup>nd</sup> 1930.	Sp	ent in this		
. BIRTHPLACE (city or town)				Other Contributory Causes of importance:	
(State or country)	Md.				
13. NAME John	E.Lan	е			
14. BIRTHPLACE (city or town)				Name of operation	
(Stato or country)	Md.			What tast confirmed diagnosis? Was there a	n autopsy?-Zs
15. MAIDEN NAME M8	ry A.	Peters		23. If death was due to external causas (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town) (State or country)		Md.		Accident, suicide, or homicide? Date of injury	, 19
John Jane				Whare did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	tate)
	Ridgel	y. Md.		opening minory occurred in intensional, in nome, or in Public 1	TEAGE,
18. BURIAL, CREMATION, OR REMOVAL Place Ridgely. Md. Date June 20. 136				Manner of injury	
undertaker R.B.Re	wling	s o <del>rg</del> . Md		24. Was disease or injury in any way related to occupation of deceased?	
(/		LIN	0 - '	If so, spacify (Signed)	A 50
), FILED / 194 2 0, 194		ノルト	raus.	(Address)	/ M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related caus of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUL 2 199	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOELYO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		·	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	96-80 6038
County Caroline	Registration Dist. No. 63
Village or City Leur Klarman	No. St., Ward
//	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME GUATHA Atrus	na leles
	The Theran specify WAR
(a) Residence: No. (Usual place of about)	St(f Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
June miden	(Month) (Oay) (Yeer)
5e. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Henry Junes play.	5/23 19 36 to 6/3 1936
6. DATE OF BIRTH (month, day, and yeer) aug. 17 186	i last saw here alive on 6, 3, 1976; death is seld
7. AGE Years Months Jays If LESS than	to have occurred on the dete stated above, at
1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this peculation (month and	- Us man If of Umwer /735
work was done, as SILK MILL, SAW MILL, BANK, etc	7
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Harensey	
(State or country) manyland.	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Wes there an autopsy?
	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
Stete or country)	Accident, suicide, or homicide?
The war & March	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	The second many seconds in the second, in nome, of in reality reach
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Turk Oate 1900, 190	Nature of Injury.
19. UNDERTAKER O Vingil Euroon	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Deulous	If so, specify
20. FILEO June H. 1936 tolean B. Harran	(Signed) MyD
Registrar.	(Address) FOLK Street, Baltimore, Requesting V. S. No. z.
more viunks are needed, address State Registra	1, 2411 IV. Unailes Street, Dallimore, Kequesting "U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	1
The principal cause of dea of importance were as foll	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	The second second	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	I am was him & I down	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 6 301	July 5, 1927	Peritonitis	3 days ago
7	BUDEAU			
Other contributory causes			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Year)

Date of enset

S. No.

LION

19. UNDERTAKER

Registrar.

Neture of injury\_\_\_\_

(Address)

If so, specify

24. Was disease or Injory in any way related to occupation of deceased?....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	12	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 17 C. L. L.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

V. S. No. 1

17. INFORMANT \_

19. UNDERTAKER

(Address)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

inforstate

STATE OF	MARYLAND-	-CERTIFICATE OF DEATH	5040
1. PLACE OF DEATH		82-2	
County Consline		Registration Dist. No. 6	2
Village or City Destlaw	- (	NoSt.,  If death occurred in a hospital or institution, give its NAME instead of street	
Length of residence in city or town where deat  2. FULL NAME Solution	Tesley Herre	sds. How long in U.S. If of foreign birth?yrs 7If U.S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OB RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193.6 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ze Terry.	22. I HEREBY CERTIFY, That I attended to 1936, to June 26	ided deceesed from
6. DATE OF BIRTH (month, day, and year)	t 18 4 1864	a I land saw hering alive on June 123 , 193	36; death is said
7. AGE Years Months	Days If LESS than I day,hrs	to have occurred on the date stated above, at 4	
71 10	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Data of onset
rade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	intel Bural ba		
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SULK MILL	ing vieras ca	Cerebral Hesnovhage	6436
work was done, as SILK MILL, SAW MILL, BANK, etc.		Cerebral Hesworthage	Jane 10
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributary Causes of Importance:	
12. BIRTHPLACE (city or town)	eslou		
1	maryland		
13. NAME Cathami	Clerry.		
14. BIRTHPLACE (city or town)		Name of operation	of
(State of country);	maryland.	Whet test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME Seale &	arigine.	23. If death was due to external causes (VIOLENCE) fill in also the follo	
16. BIRTHPLACE (city or town)	rectors	Accident, suicide, or homicide? Date of injury	, 19
		When did in items account	

Nature of injury

Registrar.

24. Was disease or injury If so, specify

(Address)

(Specify city or town, county and State) occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
A CONTRACTOR OF THE CONTRACTOR				

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Item 5 a changed from EMIA GEORGE to FLORENCE GEORGE by letter filed 11/17/36 under DR. GEORGE. - L.

PHYSICIANS should state

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

See instructions on back of certificate.

flon is very important.

A PERMANENT RECORD. Every item of infor-

of OCCUPA-

Exact statement

Ω	4	
	1	
	רבו <u>.</u>	
DECEDITED.	TOTAL	
A DOTA	5	
2	7/7	
	_	

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

10	1	1 1	- 1
6	U	14	1
	-0	-4.	A

1. PLACE OF DEATH	82-0)
County Caroline	Registration Dist. No. 62
Village or City Decelous Celes	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
> 4-10. 6.	
2. FULL NAME CLEAT GELL JULY	H. U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Servale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced  HUSBAND OF  (or) WIFE of  A Company of the	22. 1 HEREBY CERTIFY, That I attended deceased from
51 , 02 613	May 3/ ,19.36, to gum 2 ,19.76
6. DATE OF BIRTH (month, day, end year) 7. AGE Years   Months   Days   If LESS than	I last saw h er allve on gure 2 , 19. 26; death is said
6 / 2 2 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:  Adversed arthur esterness  Detectorest
kind of work done, as SPINNER, Jause in fr	- Clina brak Thomasular accept May 31 18
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	January Januar
SAW MILL, BANK, etc. 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year)	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	an make
13. NAME Islu david	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Llow col Was there an autopsy? Her
15. MAIDEN NAME THE THE THE THE THE THE THE THE THE TH	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PURI IC PLACE
17. INFORMANTURS Waller Triffer (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Ferrel T, 19	Nature of injury
19. UNDERTAKER J. Zinegell Misoner	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6 - 4 , 1936 XIn 180 George Registrar.	(Signed) M. D.  (Address) Destar M. 4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis TEVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	em of infor-	should state	OCCUPA.	\
•	RECORD. Every ite	PHYSICIANS s	Exact statement of	
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ificate.
SERVED FC	NK-THIS IS	should be sta	it may be pro	on back of cert
MARGIN RE	UNFADING	supplied. AGE	n terms, so that	ee instructions
	LAINLY, WITH	ld be carefully	DEATH in plain	TION is very important. See instructions on back of certificate.
V. S. No. 1	B.—WRITE PI	mation shou	CAUSE OF	TION is ver
>	z	1	4	1.

1. PLACE OF DEATH	93-6
County Euroline	Registration Dist. No. 62
Village or City Tuan Douton	NoSt.,War
Length of residence in city or town where death occurred yrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) ssds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME oo to Slevens 07	oe If U. S. Veteran, specify WAR
(a) Residence: No. Zuar Decilor (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH June 30, 193 (Month) (Day) (Year)
HUSBAND of Judie Paterson Rol.	22. THEREBY CERTIFY, That I attended deceased from 1936, to June 30, 1936
DATE OF BIRTH (month, day, and year) Sept. 6 186	2+ 1/st saw h alive on James 3 4 , 1936; death is sai
AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
73 9 10- 24 I day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Harwell SAWYER, BOOKKEEPER, etc	
SAWYER, BOOKKEEPER, etc. Shace	Al h
work was done, as SILK MILL,	Chrone L. Cyverdeles 1934
10. Oate deceased last worked at 11. Total time (years)	
this occupation (month end spent in this occupation	
BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Westernamed	
13. NAME Hear, Roe	
14, BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Zuary Land	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME / Telecca Thoffice	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?Oate of injury, 19
(State or country) Tuangland	Where did injury occur?
INFORMANT Zurs D. Stole	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Deylor	
B. BURIAL, CREMATION, OR REMOVAL Place Decider Oate July 3, 193	Manner of injury
O. UNDERTAKER JOJO Zucourd	24. Was disease or injury In any way related to accupetion of deceased?
0. Filesty 3 , 1936 MA & George Registrat.	(Signed Man South Jung M. M. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	1 (	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chanic interstitial nearbritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 6 1936	July 5, 1927	Peritonitis	3 days ago
ROPEAH V. S.		December Carried	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		area to the	

ADDITIONAL	SPACE	FOR	FURTHER	STAT	EMENTS	BY	PHYSICIAN
			-	3			

KESEKVED FOR BIND	INK-THIS IS A PERM
X	A
Ŧ	IS
KVED	-THIS
EXE EXE	INK
MAKGIN K	UNFADING
×	Гх, WITH
	Z,

N. B.-WRITE PLAIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(Ho.F)
county Caroline	Registration Dist. No. 614
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca In city or town where death occurredyrs,mos	, 0 -
	The of If U. S. Veteran, specify WAR
(a) Residence: No. rederal sturd Md. (Usual place of about)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mare, 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Since 20  (Month)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 1936	(/ )
6. DATE OF BIRTH (month, day, and year) Sung 1956 7. AGE Yaars Months Days If LESS then	to have occurred on the date stated above, at 9-90. H-m.
\ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Andustry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date decaased last worked at this occupation (month end	Professed & Distrument You and Class
9 Industry or business In which	The confidence of the confiden
work was done, as SILK MILL, SAW MILL, BANK, atc.	resulting in outra transcat
10. Date decaased last worked at this occupation (month end spent in this occupation coupation occupation	Thentuarhyer
occupation	Other Centributery Causes of Importanca:
12. BIRTHPLACE (city or town) Tederals TULY	
(State or country)	
13. NAME UZEN he Koy Smith,  14. BIRTHPLACE (city or lown) Salib Sury.  (State or country)	
14. BIRTHPLACE (city or lown) Sarios Sury.	Neme of operation Dete of
(State of Country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME ROSalie F. Webster  16. BIRTHPLACE (city or town) Deals Saland	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Deals Saland	Accident, sulcide, or homicide? Date of Injury, 19
(State or country)	Whara dld injury occur?
17. INFORMANT Sallen Te Roy Smith, (Address) Federal Burb, Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Wears Sorand Ma Data June 20, 1936	Nature of injury
19. UNDERTAKER Tred. T. Webster. (Address) Deals Saland, Md.	24. Was disease or injury in any way releted to occupation of daceased?
20. FILED June 20th, 1936 J. J. Framfaton. Registrar.	(Signed) M Santo M, D.  (Address) Lecturely
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUL 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

	Every
	RECORD.
BINDING	WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every
FOR	IS A
CAED	THIS
五分の日	INK
MAKGIN KESEKVED FOR BINDING	UNFADING
	WITH

PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

Jo

TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may

pe

AGE should be

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

Exact statement of OCCUPA.

of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

4		4		A	a
ŧ	}	1	J	4	ļ

1. PLACE OF DEATH	<u> </u>
County Carline	Registration Dist. No. 62
Village or City Rid 9 /e 4	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME FOCTUS Smith	If U. S. Veteran, specify WAR
(a) Residence: No. 2/4 = 7 Prological (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Out 1 2 3 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. i HEREBY CERTIFY, That I attended deceased from  Tuze 23, 19 3/, to Jane 23, 19 3 6
6. DATE OF BIRTH (month, day, and year)  6. 23-36  7. AGE Years Months Deys If LESS than I day,hrs. orhrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this spent in this	Intrautains
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation  12. BIRTHPLACE (city or town) Recognition  13. SAW MILL, BANK, etc  14. Our 7511 de Grand of the control of the contro	Other Contributory Causes of importance:
13. NAME C 7 c7 ~ 2 n c C Sm 1 th  14. BIRTHPLACE (city or town) 74. Cl (State or country)	Name of operation
15. MAIDEN NAME Mdrgred Smith  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Desposed Date 19	Manner of Injury
19. UNDERTAKER (Address)  20. FILED & - 33, 1936 RAD George Registrar.	24. Was disease or injury In eny way related to occupation of decessed?  If so, specify  (Signed)  (Address)  (Address)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of theset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	915	Appole of epitepsis	1 week ago
Chronic interstitial nephritis	1921	Run over by the Control	1 week ago
Cerebral hemorrhage	July 5, 1923	6 Perilapitis	3 days ago
	TITH	117000	
Other contributory causes of importance:	** 431 tub.	- Other contributory causes of importance:	1333
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

	TAT	MIDNE	TOTAL	7 4 17	2	MANGIN INECENVED FOR BINDING	DATE
LAIMLY,	WITH	JNEADIL	NG INK	THE		-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	ANENT KE
ild be car	efully su	pplied.	AGE sh	pluo	pe :	stated EXA	mation should be carefully supplied. AGE should be stated EXACTLY. Pl
DEATH	in plain t	terms, so	that it	may	pe 1	properly clas	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact
y imports	ant. See	instructi	no suo	back	of c	TION is very important. See instructions on back of certificate.	

B.—WRITE PLA mation should

V. S. No. 1

HYSICIANS should state statement of OCCUPA-

of infor-

RD. Every item

1. PLACE OF DEATH	CERTIFICATE OF BEATH 604.
county Caroline	Registration Dist. No.
Village or City near Harmony.	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Alexander Stanfor	If U. S. Veteran, specify WAR
(a) Residence: No. Yreston Md R.F. D. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mare 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sune 2nd 1936 (Month) (Oay) (Year)
5a. If married, widowad, or divorced HUSBAND of FRRa Stanford.	22. I HEREBY CERTIFY. That I attended deceased from  May 3/ 1936, to 2 and 2 1936
6. DATE OF BIRTH (month, day, and year) 5an. 29th 1873	I last saw h me alive on June 1, 1936; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1700-4-m.
63 H 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	astrance artico selveni
SAWYER, BOOKKEEPER, etc. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Curmany Christans mysel
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Curto 3 rd diagress peort 1976
10. Oate deceased last worked at this occupation (month and spent in this )	D. Wilst.
yaar) Sune 1935 occupation hite	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Caraline Co.	Othar Contributory Causes of Importance.
(Stata or country)	
II 13. NAME No data	
13. NAME To Cata  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? - Clamad Was there an autopsylvo
15. MAIOEN NAME Augustus Bowns	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Augustus Bowns.  16. BIRTHPLACE (city or town) Caroline Co.	Accident, suicide, or homicide? Date of injury,19
(State or country)	Where did injury occur?
17. INFORMANT Lottie Adams. (Address) Preston, Md. R.F.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Ross Chares Ma Date June 5, 1936	
19. UNDERTAKER 5. 5. Frambtom & Son (Address) Federals Burg. Md	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILED June H", 1936 J. J. Framptom, Registrar.	(Signad) Aug Lon M. D.  (Address) The M.D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

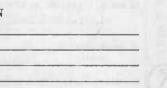
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (11) 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year





	$\Xi$		0
District of a delivery the parties	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. E
1	IS A	stated	propel
1	HIS	be	be
7 1 1	NK-T1	pluods	it may
TATE OF	ING D	AGE	o that
1	UNFAD	upplied.	terms, s
•	WITH	refully s	in plain
_	Ę,	cal	TH
	E	be	EA
	E PLA	plnods	OFD
	-WRIT	mation	CAUSE

See instructions on back of certificate.

TION is very important.

CAUSE OF DE

PHYSICIANS should state

of OCCUPA-

xact statement

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(L2)
County Caroline	Registration Dist, No. 64
Village or City Federalsburg, (Out-side)	No. St, Ward
Length of residence in city or town where death occurred 47 vrs. TO mos	death occurred in a hospital or institution, give its NAME instead of street and number)  26 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Gertrude F. Williams,	
(a) Residence: No. Federal sburg, Md.R.F.D. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	June 22" , 1936 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND ot	
(or) WIFE of Edward Enos Williams,	1 HEREBY CERTIFY. That I attended deceased from 1930, to 1 seril 27 1936
6. DATE OF BIRTH (month, day, and year) July 26 <sup>ff</sup> 1888	Mast saw h.e. y. alive on 1 ene 122, 193 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 1-2-0-m. Mann
47 IO 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. House work work was done as SII K MILL	Succession - Jeseph 1243
SAW MILL, BANK, etc	Suicidal : not assidental . Cuses
12. BIRTHPLACE (city or town) Caroline Co (State or country) Md.	Other Contributory Causes of Importance:
E 13. NAME Caleb Williamson.	1 1 2
14. BIRTHPLACE (city or town) Caroline Co. (State or country) Md.	Name of operation
# 15. MAIOEN NAME Laura Brown,	Whet test confirmed diagrosis? What test confirmed diagrosis? Who was there an autopsy? 23. If death was due to external cases (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Sussex Co.  (Stete or country)  Del-	Accident, suicide, or homicide? Apple Bate of injury 22, 19. 3.
17. INFORMANT Edward Enos Williams (Address) Federalsburg, Md. R. F. D.	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plac Federal sburg, Md. Date June 25", 19-36.	Manner of injury less for a regue
19. UNDERTAKER J.J. Framptom & Son. (Address) Federal sburg. Md.	24. Was disease or injury in any warrelated to occupation of deceased?
20, FILED June 23, 19 36 J. S. Fram Flom	(Signed) (Address) exercision M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No VI.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

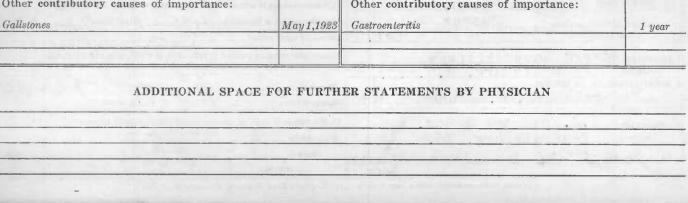
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



	infor-	state	UPA.	1
1	yo m	plnor	000	
1	ite	W	Jo	
	D. Every	SICIANS	statement	
	r RECOR	Y. PHY	Exact s	
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
FOR E	IS A PI	stated ]	properly	
g	HIS	be	be	,
SERVE	NK-TJ	plnods	it may	
N RE	DING I	AGE	so that	
IARGI	UNFAI	upplied.	terms,	
ŽĬ	WITH	efully s	n plain	1
	Α,	care	H	
	LAIN	ald be	DEAT	
	P4	shor	OF	
1	-WRITI	mation	CAUSE	0

TION is very important. See instructions on back of certificate.

mation should be N. B.—WRITE PLAIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County Caroline	Registration Dist. No. 63
Village or City Choptank,	No. St Ward
Length of residence in city or town where death occurred 68 yrs. 8 mos.  2. FULL NAME John W. Williamson,	death occurred in a hospital or institution, give its NAME instead of street and number)  5. ds. How long in U.S. If of foreign birth?
Clarent and 282	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Married   Married	June 30", 1936 (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of Lona M. Williamson.	22. HEREBY CERTIFY, That I attended deceased from 1936, to Commercial Science 300 1936
6. DATE OF BIRTH (month, day, end year) Oct. 25" 1867	Plast saw harman alive on and 50 , 19 36; death is seld
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 705-mP . M .
68 8 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were as follows:
3. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer	arluso sclesa ace
kind of work done as SPINNER, Retired Farmer SAWYER, BOOKKEEPER, etc.  Industry or business In which	1
work was done, es SILK MILL, SAW MILL, BANK, etc	plically well
11. Total time (years)	Chaptic aslpma
year)OccupationL1_1_e	Other Centributery Causes of Importance:
12. BIRTHPLACE (city or town) Caroline Co.	Chronic myocarditis. Cw&R.
(State or country) Md	Duration: not stated Caulet
I 13. NAME John Williamson.  14. BIRTHPLACE (city or town) Caroline Co.	
4. BIRTHPLACE (city or town). Caroline Co. (State or country)	Name of operation Dete of
(State of country)	What test confirmed diegnosis?Was there en autopsy?
15. MAIOEN NAME Martha Christopher 16. BIRTHPLACE (city or town) Caroline Co.	23. If death was due to external causes (VIOLENCE) fill in also the following:
[6. BIRTHPLACE (city or town) Caroline Co. (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs Lona M. Williamson	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Choptank, Md.  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Friendship, Md. Oate July 3", 1936	Neture of injury
19. UNDERTAKER J. J. Framptom & Son. (Address) Federalsburg. Md.	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED July 3., 1936 Johns B. Harren	(Signed) M. D.  (Address) Aller (Care)
Acgistrat.	(1001000)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DECT VE	915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage 1111 6 1938	July 5, 1927	Peritonitis .	3 days ago
J. J. SPANI V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

		a	_ Box	
	0	at	A	
	uf	st		
	4 bed	_	CI	
8	of	136	Ö	
1	E	0	0	
1	ē	S	4	
	• ==	70	0	
	L	Z	nt	
	Ve	V	ne	
	团	CI	en	
	o.	SI	at	
	KI	Y	S	
	Ö	H	ب	
	2	4	ac	
	R		X	
		$\prec$	_	
H	E	T	_:	
יב	国	H	ed	
4	Z	C	ij	
7	Y	V	82	
Z	3	ы	2	
7	G	田	Ţ	è
-	Р		13	at
4	4	ed	e	fic
5	70	at	10.	t:
<del>Y</del>	I	st	pi	eı
_	02	e	e	4
7	Ξ	Q	Ď	0
>	H	P	>	C.K
4		no	E	030
=	X	h	+	
2	Z	W2		O
픱	rk	3E	12	00
-	7	A	#	0
Z	E		80	cti
	Z	Ġ.		2
3	E	lie	Ë	S
7	Z	do	er	in
7		E	نب	9
=	H	01	iii	S
	H	3	013	
	2	E.		it.
		re	.H	al
	Þí	2	H	H
	-	d)	H	ď
	2	Ď	B	E
-	1	P	P	>
	Ic	DO	Œ	er
	paid.	ho	0	A
}	3	002	田	3
	EI	0.0	02	Z
	VE	ati	I	0
MARGIN RESERVED FOR BINDING	-WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA,	TION is very important. See instructions on back of certificate.

N. B.—WRITE PLA

V. S. No. 1

STATE OF	MARYLAND	-CERTIFICATE	OF	DEATH
----------	----------	--------------	----	-------

a		a	0	20	-	
ŧ	)	Ŧ	J.	4	8	ί
		-	-	. K	1	ľ

1. PLACE O	F DEATH				00		0.10
County	Carolin	е			95- Registration	Dist. No. 4-3	
1	dence in city or town where		(II	No. f death occurred in a hospital o	r institution, give its NAM! J.S.If of foreign birth?	E instead of street and nu	Ward
2. FULL NA	me Laura	J. Will				×	
(a) Residen	ce: No.	(Usual place of	of abode)	St.,Ward.	If nonresident	give city or town and S	itate
PERSON	IAL AND STATIST			MEDICA	AL CERTIFICATE		rate
remale	4. COLOR OR RACE White	5. SINGLE, MARE OR DIVORCED M & I	RIED, WIDOWED, (write the word) (1 ed	21. DATE OF DEA	(Month)	22 (Day)	193 6 (Year)
5a. If married, widow HUSBAND of (or) WIFE of		loughby			EBY CERTIF		
6. DATE OF BIRTH (		eb. 15-	1870	I last saw h	on June	22,1936; Pm.	death is said
8. Trade, profes	66 4 ssion, or particular work done, as SPINNER,	7	I dey,hrs. ormin.	The PRINCIPAL CAUSE Of were as follows:	F DEATH end related caus		Oate of onset
9. Industry or work was SAW MIL 10. Date decease this occupary are work was saw MIL 12. BIRTHPLACE (cit (State or cour	BUOKKEEPER, etc. business in which s done, as SILK MILL, LL, BANK, etced last worked at pation (month and	occu	ne (years) t in this pation	No frather is saw patient Other Contributory Causes	about 20 m	nutes aft	200000000000000000000000000000000000000
Hanry Carroll  14. BIRTHPLACE (city or town) Cabin Creek (State or country) Dorchester, Co.				Name of operation Whet test confirmed diegno		Oate of	
15. MAIOEN NAME Emily Hopkins  16. BIRTHPLACE (city or town) (State or country)  Caroline, Co.,			23. If death was due to exter Accident, suicide, or homici Where did Injury occur?	rnal causes (VIOL ENCE) fil	II in also the following: Date of injury	, 19	
17. INFORMANT John H. Willoughby (Address) Bethlehem, Md.,			Specify whether injury occu	urred in INOUSTRY, in HO	town, county and State) ME, or in PUBLIC PLAC	CE.	
18. BURIAL, CREMAT		OateJll ?	ne 24 <sub>19</sub> 36	Manner of injury Nature of injury			
19. UNDERTAKER (Address)	W. H. Holli Prest	s & Son on, Md.	)	24. Was disease or injury in	any way related to occupa	ation of deceased?	~~~~~
20. FILED FULL	24.19.36 Joh	as Asty	Registrar.	(Signed)	mes By	nesutt =	M. 0.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example I		Example II		
The principal cause of importance were a	of death and related causes significant	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1111 6 1036	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUDFAIL V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory	eauses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

